



ALPINE
counseling services, llc

INFORMED CONSENT FOR MINORS

Client Name:

Date of Birth:

Age:

Legal Guardian Name:

Relationship to Client:

Psychotherapy with people of any age relies on the client's confidence that what is shared with the therapist is private and confidential. While parents and guardians have a right to know general information about how therapy with their child is progressing, in signing this form you waive the right to know the private details of the child's therapy, or to have access to the confidential therapy records of the child. A general summary can be provided at any time upon request.

Information provided within the counseling relationship will be strictly confidential. However, exceptions to confidentiality include the following:

1. If there is a danger to self or others. Confidentiality may be broken in order to protect self or other from harm.
2. Suspected cases of child abuse or neglect; suspected cases of abuse or neglect of an elder or an adult who is disabled. By law, information suggesting possible abuse or neglect must be reported to law enforcement, State's Attorney, or the Department of Social Services.
3. Information regarding diagnosis, treatment plan, etc. will be provided to insurance companies unless otherwise specified.
4. In instances of delinquent accounts, billing information will be provided to a third party for collection purposes. This will only take place after a final notice has been issued by Alpine Counseling Services, LLC and no response has been received within the allowed time frame.
5. In instances where the court shall order the disclosure of otherwise privileged information.
6. In some instances it is helpful to consult with another Alpine Counseling Services, LLC therapist regarding the treatment of a client. Please initial below regarding the possible consultation of minor's treatment.

_____ I give permission for consultation of treatment

_____ I do not give permission for consultation of treatment.

Expectation of parents while their child is in therapy:

1. For parents of children who are not able to transport themselves to appointments, parents are required to stay in the office building while their child is in the appointment.
2. For parents of children that can transport themselves to and from appointments, parents are required to be available via phone if therapist needs information or an emergency occurs. If the parent(s) does not answer the call or does not call back within 5 minutes, the therapist will take appropriate action to ensure safety of the child. This may include contacting the police/ ambulance or CPS. If this occurs and the therapist has to cancel their next client due to parents

not answering or being able to pick up their child in an appropriate amount of time, the therapist will charge parents the full rate of an office / virtual appointment.

3. If a child arrives with someone that is not a parent/guardian without notifying the therapist 12 hours before the appointment, the child will not be seen and parents will be charged the full rate of the office / virtual visit. If this occurs, the therapist will communicate this to the adult that has brought the child.
4. For virtual visits, parents must be present at the appointment if child is not of age to transport themselves if they were to attend an in person office appointment. If a parent is not present for the virtual appointment and child is not of age the therapist will end the appointment and parents will be charged the rate of an office / virtual appointment.

By signing this form, I understand and agree to the above information. I also confirm that I am the legal guardian for the above named minor.

Legal Guardian Signature

Date

Alpine Counseling Services, LLC
Witness Signature

Date